Out-Of-State Travel Waiver Justification

000 351

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Michele.Ridout@iowa.gov
Name of Person Attending: Fred Kinne	Working Title: Attorney/Investigator
Department: Department of Education	Division/Bureau/Section: Board of Educational Examiners
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)
City (Cities) Traveling To: Chicago, IL	Dates of Travel: 3/9/11 – 3/11/11
Funding Source: Appropriated State:%	(If after June 30, 2011 – you DO NOT need this waiver.) Other: 100% If Other, Specify: BoEE Fees on 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	eals, Registration, Parking, etc): \$1411.26
Does this Trip Require Executive Council Approval for Conference/Conve	ention? No: 🗌 Yes: 🖂
If Yes, Have You Received Approval? No: 🗌 . Yes: 🖂 If Yes, Date	ite: 1/10/11
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel.)	ite. (Cite the specific independent of the specific indepe
Has a benefit or potential benefit which significantly outweighs the part of the lines below. (If nonrefundable ticket is the justification, date of Mr. Kinne works with lowa's Intern Program. The networking with other part other state's rules and licensure issues when it comes to alternative certification.	purchase is required.) professionals from others state is beneficial to help better understand
Department Director Signature: Department Director Printed Name: This form must be signed by a department head or agency director director.	Date:
This form must be signed by a department nead or agency dire	
	Executive Council Approval

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

MAY 2 3 2011

"AFTER THE FACT"

000 352

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

7,7000 0.000	
Number of People on Trip: 2 (other person is board member)	Contact E-mail: Kathy.comwell@iowa.gov
Name of Person Attending: Lorinda Inman	Working Title: Executive Director
Department: IDHP	Division/Bureau/Section: Board of Nursing
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)
City (Citles) Traveling To: Chicago, IL	Dates of Travel: 3/13/11 – 3/16/11
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State:% Federal:% (If the coding for the travel claim is appropriate)	Other: 100% If Other, Specify: NCSBN ion 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, M	leals, Registration, Parking, etc): \$1592.92
Does this Trip Require Executive Council Approval for Conference/Conve	ention? No: 🗌 Yes: 🖂
If Yes, Have You Received Approval? No: ☐ Yes: ☑ If Yes, Da	ate: 1/24/2011
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the sta program that will receive the cost savings or enhanced revenues an of the saving or revenues attributable to the travel.)	nte. (Cite the specific and provide an estimate
Has a benefit or potential benefit which significantly outweighs the current Executive Council Fact Sheet for qualifying criteria and provide lines below. (If nonrefundable ticket is the justification, date of	vide that information on purchase is required.)
The topics discussed are important issues with the Board of Nursing and the a	bility to stay abreast of changes to National Regulations, Rules, License
Exams and Nurse License Compact.	
O	A. Date: 5/11/11
Department Director Printed Name: Mariannette Miller Meeks, MD	
This form must be signed by a department head or agency direct	ctor. Email a PDF of the form to executivecouncil@jowa.gov
	Executive Council Approval
Additional information to assist you in completing the See Fact Sheet for more complete information This waiver is required by HF45 from March 7 until June 30, 20 If no overnight stay is required at a location out-of-state, the training incidental and no waiver form needs to be submitted.	this form.

MAY 2 3 2011

The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	
Name of Person Attending: Curtis Henderson	Working Title: Captain
Department: Department of Public Safety	Division/Bureau/Section: lowa State Patrol
Will this trip require an overnight stay outside of lowa? N	o: Yes: (If No, you do not need this waiver)
City (Cities) Traveling To: Grand Rapids, Michigan	Dates of Travel: June 12-15, 2011
Funding Source: Appropriated State: 100% Fed (If the appropriated	deral:%
Total Projected Cost of Trip (Include Transportation, Milea	ge, Lodging, Meals, Registration, Parking, etc): \$1267.00
Does this Trip Require Executive Council Approval for Co	nference/Convention? No: 🗌 Yes: 🖂
If Yes, Have You Received Approval? No: ☑ Yes: ☐ Reason for Travel Waiver (Select one)	If Yes, Date:
☐ Fulfills statutorily required dutles (Cite the specific s	statute)
Has potential to bring cost savings or enhanced reve program that will receive the cost savings or enhance of the saving or revenues attributable to the travel)	nues to the state (Cite the specific ed revenues and provide an estimate
Has a benefit or potential benefit which significantly of the current Executive Council Fact Sheet for qualifying information on the lines below.	
The Combined Accident Reduction Effort (C.A.R.E.) is a confe	rence of State Patrol organizations who have joined together in the endeavor of reducing
	nal holidays. The lowa State Patrol is a participating member of this coalition and
participation at the conference enhances not only our efforts, b	out allows other agencies to benefit from lowa State Patrol traffic safety programs.
Department Director Signature	Date: 5/18/1)
This form must be signed by a department head of	or agency director. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in a See Fact Sheet for more complet This waiver is required by HF45 from March 7 unti If no overnight stay is required at a location out-of-incidental and no waiver form needs to be submitted.	te information. Il June 30, 2011. State, the travel is considered MAY 9 2 2011

The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

Thursday at 12:00 noon.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

. 10000 -	1	
Number of People on Trip: 2		
Name of Person Attending: Timothy Leinen	Working Title: Major	
Department: Department of Public Safety	Division/Bureau/Section: lowa State Patrol	
Will this trip require an overnight stay outside of lowa?	No: ☐ Yes: ☑ (If No, you do not need this waiver)	
City (Cities) Traveling To: Grand Rapids, Michigan	Dates of Travel: June 12-15, 2011	
Funding Source: Appropriated State: 100% (If the appropria	Federal:%	
Total Projected Cost of Trip (Include Transportation, M	lileage, Lodging, Meals, Registration, Parking, etc): \$1310.00	
Does this Trip Require Executive Council Approval for	Conference/Convention? No: ☐ Yes: ☒	
If Yes, Have You Received Approval? No: ⊠ Yes Reason for Travel Waiver (Select one)	s: If Yes, Date:	
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Combined Accident Reduction Effort (C.A.R.E.) is a conference of State Patrol organizations who have joined together in the endeavor of reducing human suffering on our highways, particularly during the national holidays. The lowa State Patrol is a participating member of this coalition and participation at the conference enhances not only our efforts, but allows other agencies to benefit from lowa State Patrol traffic safety programs. Department Director Signature Date: Signature		
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov		
	Executive Council Approval	
Additional information to assist your See Fact Sheet for more come. This waiver is required by HF45 from March 7. If no overnight stay is required at a location or incidental and no waiver form needs to be subto. The Council meets each Monday at 10:00 a.m. Thursday at 12:00 noon. If your travel requires both Executive Council due to a convention/conference, note that both.	in completing this form. Inplete information. If until June 30, 2011. Ut-of-state, the travel is considered comitted. In Deadline for waiver is the previous Image: Approve Described Executive Council Deadline for waiver justification	

Out-Of-State Travel Waiver Justification

000 355

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1	Contact E-mail: Don.Bail	ey@iwd.iowa.gov
Name of Person Attending:	Don Bailey	Working Title: ITS 4 an	d President of Iowa IAWP Chapter
Department: lowa Workford	e Development	Division/Bureau/Section:	IT Bureau
Will this trip require an over	night stay outside of Iowa? No: 🗌 Yes: 🖂	(If No, you do not need this	waiver)
City (Cities) Traveling To:	St. Louis, MO		
Funding Source: Appro	opriated State:%	Other: 100% If Other, S	pecify: Shared by all IWD funding Indirect Cost Rate
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	ils, Registration, Parking, et	c): \$1,129.88
Does this Trip Require Exec	utive Council Approval for Conference/Conven	tion? No: 🗌 Yes: 🛛	
If Yes, Have You Received A	pproval? No: 🛛 Yes: 🗌 If Yes, Date	:	
Reason for Travel Waiver (S			
Has potential to bring of	cost savings or enhanced revenues to the state we the cost savings or enhanced revenues and les attributable to the travel.)	. (Cite the specific provide an estimate	
A current Executive Cou	ial benefit which significantly outweighs the poncil Fact Sheet for qualifying criteria and provide The refundable ticket is the justification, date of pu	le that information on	
conference on Workforce Employment, Unemploye	e annual International Association of Wor e Development Systems subject matter, a ment and related programs, Administrator	nd promote professional s and their Agencies.	ISM IN SUPPORT OF IVVD
Department Director Signat	ure: Treces Wahler	<u></u> ← Date: 5	-17-11
Department Director Printed	l Name:		
This form must be	signed by a department head or agency direct	or. Email a PDF of the form	to executivecouncil@iowa.gov
			Executive Council Approval
Additional in	formation to assist you in completing thi	s form.	**************************************

See Fact Sheet for more complete information.

This waiver is required by HF45 from March 7 until June 30, 2011.

If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.

The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

MAY 2 3 2011

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Please answer all of the questions listed below.			
Number of People on Trip: 2	Contact E-mail: stan.wolf@iub.iowa.gov		
Name of Person Attending: Stan Wolf	Working Title: Manager, Policy Development		
Department: Commerce	Division/Bureau/Section: Utilities/Policy Development		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☐ (If No – you DO NOT need this waiver.)	Reason for Travel: Attend Small Modular Reactors Conference		
City (Cities) Traveling To: Washington, DC	Dates of Travel: May 22-24, 2011		
8 9	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appropriated State:%	Other: 100% If Other, Specify: Commerce Revolving Fund 0000 - you DO NOT need this waiver.)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$1,697		
Does this Trip Require Executive Council Approval for Conference/Convention	ion? No: 🛛 Yes: 🗌		
If Yes, Have You Received Approval? No: \(\subseteq \text{ Yes: } \subseteq \text{ If Yes, Date:} \)			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and prof the saving or revenues attributable to the travel.)	(Cite the specific provide an estimate		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
Small Module Nuclear Power has been proposed for lowa. This conference would address related critical issues such as the development of			
small modular reactors (SMRs), the economics of SMRs, and key steps in making the reactors operational.			
Department Director Signature:	Date: <u>5/17/2011</u>		
Department Director Printed Name: Elizabeth S. Jacobs			
This form must be signed by a department head or agency directo	or. Email a PDF of the form to executivecouncil@iowa.gov		
	Executive Council Approval		
Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011 If no overnight stay is required at a location out-of-state, the travel	APPROVED Executive Council		

- incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

MAY 23 2011

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

1 10000 anonci an or are quee		
Number of People on Trip: 2	Contact E-mail: Duane.fournier@iub.iowa.gov	
Name of Person Attending: Duane Fournier	Working Title: Utilities Regulation Engineer	
Department: Commerce	Division/Bureau/Section: Utilities/Safety & Engineering	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ (If No – you DO NOT need this waiver.) City (Cities) Traveling To: Washington, DC	Reason for Travel: Attend Small Modular Reactors Conference Dates of Travel: May 22-24, 2011	
only (online) reasoning	(If after June 30, 2011 – you DO NOT need this waiver.)	
Funding Source: Appropriated State:% Federal:%	Other: 100% If Other, Specify: Commerce Revolving Fund	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$2,500	
Does this Trip Require Executive Council Approval for Conference/Conventi	ion? No: 🛛 Yes: 🗌	
If Yes, Have You Received Approval? No: Yes: If Yes, Date:		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)		
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)		
Small Module Nuclear Power has been proposed for lowa. This conference would address related critical issues such as the development of		
small modular reactors (SMRs), the economics of SMRs, and key steps in making the reactors operational.		
Department Director Signature: Date: 5/17/2011		
Department Director Printed Name: Elizabeth S. Jacobs		
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov		
	Executive Council Approval	
Additional information to assist you in completing this See Fact Sheet for more complete information.		

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

MAY 2 3 2011

Out-Of-State Travel Waiver Justification

000 358

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Title Circus Pursey Everyiner			
ing Title: Finance Bureau Examiner			
on/Bureau/Section: Banking Division/Finance Bureau			
, you do not need this waiver)			
of Travel: June 7 through June 11, 2011			
Reimbursed by National Mortgage Licensing System not need this waiver)			
stration, Parking, etc): \$1,500.00			
No: ⊠ Yes: □			
□ Fulfills statutorily required duties (Cite the specific statute) □ Craig is Vice-Chairman of the Mortgage Testing & Education Committee of the National Mortgage program that will receive the cost savings or enhanced revenues and provide an estimate Licensing System and needs to attend this meeting of the saving or revenues attributable to the travel) □ Has a benefit or potential benefit which significantly outweighs the potential cost. See □ the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.			
Date: 3/16/2011			

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

APPROVED Executive Council
MAY 2 3 2011

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1	Contact E-mail: larry.s	sorensen@iub.iowa.gov
Name of Person Attending:	Larry Sorensen	Working Title: Utilitie	es Regulation Inspector
Department: Commerce		Division/Bureau/Section	on: Utilities/Safety & Engineering
	night stay outside of lowa? No: Yes: X	Reason for Travel: PH	IMSA training for In Line Inspections.
(If No – you DO NO)	r need this waiver.)		
City (Cities) Traveling To:	Tulsa, Oklahoma	Marie Control of the	5 through June 10, 2011
		(If after June 30, 2011 -	you DO NOT need this waiver.)
Funding Source: Appro	opriated State: <u>50</u> % Federal: 50% X (If the coding for the travel claim is appropriation	Other: If Other 0000 - you DO NOT need	, Specify: Revolving Fund this waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea		
Does this Trip Require Exec	utive Council Approval for Conference/Convent	tion? No: X Yes:	
If Yes, Have You Received A	pproval? No: ☐ Yes: If Yes, Date	:	
Reason for Travel Waiver (S	elect one)		
	ired duties. (Cite the specific statute.)		
	cost savings or enhanced revenues to the state.	. (Cite the specific	
program that will receive	ve the cost savings or enhanced revenues and	provide an estimate	
of the saving or revenu	es attributable to the travel.)	_	
Has a benefit or potent	ial benefit which significantly outweighs the po	tential cost. See the	
X current Executive Cour	ncil Fact Sheet for qualifying criteria and provid	e that information on	
the lines below. (If nor	refundable ticket is the justification, date of pu Q Division's Safety Evaluation of Inline Inspection	/IIII) Digging Programs Co.	urse, will provide instruction on the tools and
Course PHMSA PL 3292, 1 &	the condition of natural gas and hazardous liquids	(ILI) Figging Frograms Con pipeline by running instrur	mented devices (pigs) through them. The
Utilities Roard is cortified by a	nd receives grant funds from the US Department of	f Transportation under 49 U	JSC Chapter 601 to inspect gas companies for
compliance with federal pipelin	ne safety standards. This class is necessary to me	et federal inspector qualific	cation requirements and avoid grant penalty.
Department Director Signate	Will buch	Date: 5-160-1	
Department Director Orginati			
Department Director Printed	Name: Libby Jawb		to asset to accouncil@iouse gov
This form must be	signed by a department head or agency director	or. Email a PDF of the for	m to executivecounciamiowa.gov
Additional in	formation to assist you in completing this	s form.	Executive Council Approval
See Fa	act Sheet for more complete information.		
 This waiver is require 	d by HF45 from March 7 until June 30, 2011	1.	4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
 If no overnight stay is 	required at a location out-of-state, the trave	i is considered	APPROVED Executive Council
The Council mosts each Monday at 10:00 a m. Deadline for waiver is the previous			
Wednesday at 12:00 noon.		MAY 2 3 2011	
 If your travel requires 	both Executive Council approval and the wa	aiver justification	

due to a convention/conference, note that both processes must be completed

Out-Of-State Travel Waiver Justification

000 360

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Northwest Basels on Trine 1			
Number of People on Trip: 1 Name of Person Attending: Gretchen Chamberlain	Working Title: Bank Examiner		
Name of Person Attending. Gretchen Chamberlain	20000000000000000000000000000000000000		
Department: Commerce	Division/Bureau/Section: Banking Division/Bank Bureau		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)		
City (Cities) Traveling To: Arlington, VA	_ Dates of Travel: _June 5 through June 9, 2011		
Funding Source: Appropriated State:%	ou do not need this waiver)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$1,200.00		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: 🛛 Yes: 🗌		
If Yes, Have You Received Approval? No: No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties (Cite the specific statute)			
This examiner is part of the information technology committee exploring enhanced examination Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate electronic means but the committee felt a face-to-			
of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.			
Department Director Department Director			
Department Director Signature	Date: 5/11/11		

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

APPROVED Executive Council

MAY 2 3 2011

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Marking Title: ITC CDEC 3
Name of Person Attending: Gail Beebe	
Department: IDPH	Division/Bureau/Section: Nursing Board
Will this trip require an overnight stay outside of lowa? No:	Yes: (If No, you do not need this waiver)
City (Cities) Traveling To: Chicago, II	Dates of Travel: 6/6/11 – 6/7/11
Funding Source: Appropriated State:%	% MCSBN NCSBN s are 0% - you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodg	ing, Meals, Registration, Parking, etc): \$1308.57
Does this Trip Require Executive Council Approval for Conference	/Convention? No: 🛛 Yes: 🗌
If Yes, Have You Received Approval? No: Yes: Hr Yes Hr Yes Yes Hr Yes Hr Yes Yes Yes Yes Yes Hr Yes	'es, Date:
Fulfills statutorily required duties (Cite the specific statute)	
Has potential to bring cost savings or enhanced revenues to be program that will receive the cost savings or enhanced revenue of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outwelch the current Executive Council Fact Sheet for qualifying criteria.	ues and provide an estimate
information on the lines below.	
This meeting has been called to bring 10 member boards together to di	scuss changes regarding nurse license status changes and the ability for
license boards to notify employers and the public of license changes.	This is a move to improve public safety and electronic data security.
Mariannette Miller-Meeks, MD	10 - 72 Oate: 5/17/11
This form must be signed by a department head or agend	cy director. Email a PDF of the form to executivecouncil@iowa.gov
	Executive Council Approval
Additional information to assist you in complete information to assist	eting this form.
 This waiver is required by HF45 from March 7 until June 	30, 2011. APPROVED
 If no overnight stay is required at a location out-of-state, t 	the travel is considered Executive Council
incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline	e for waiver is the previous MAY 2 3 2011
Thursday at 12:00 noon.	
 If your travel requires both Executive Council approval ar due to a convention/conference, note that both processes 	s must be completed

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

A /instruction Correctors Cobulty	Contact E-mail: Ann.clary@sos.state.ia.us		
Number of People on Trip: 4 (including Secretary Schultz)			
Name of Person Attending: Joeb Shellenberger	Working Title: Web Programmer		
Department: Secretary of State	Division/Bureau/Section: IT		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☐ (If No – you DO NOT need this waiver.)	Reason for Travel: Researching electronic poll book options		
City (Cities) Traveling To: Lansing, MI	Dates of Travel: June 2 – 4, 2011		
	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appropriated State: 100% Federal:% [] (If the coding for the travel claim is appropriation to			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$ 500.00		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: 🛛 Yes: 🗌		
If Yes, Have You Received Approval? No: Yes: If Yes, Date:			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) lowa Co	de § 47.1 (1)		
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
§ 47.1(1) - The state commissioner of elections shall prescribe uniform election pr	actices and procedures. We are sending the Secretary, the Elections		
Director, IT web programmer and IT desktop programmer to analyze the Michigan electronic poll book for use statewide. The cost is for lodging and			
meals since the Secretary will be driving everyone in his personal vehicle.			
Department Director Signature:	Date: 5/18/2011		
Department Director Printed Name: 110+ Schultz			

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no ovemight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

MAY 2 3 2011

000 363

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	Fibade allower an or are dise		
Number of People on Trip:	4 (including Secretary Schultz)	Contact E-mail:	Ann.clary@sos.state.ia.us
Name of Person Attending:	Kyle Phillips	Working Title:	Desktop Programmer
Department: Secretary of S	State	Division/Bureau	//Section: IT
	rnight stay outside of Iowa? No: Yes: X		vel: Researching electronic poll book options
City (Cities) Traveling To:	Lansing, MI		June 2 – 4, 2011
City (Cities) Traveling To		(If after June 30,	2011 – you DO NOT need this waiver.)
	ropriated State: 100% Federal: % (If the coding for the travel claim is appropriation)	Other:% I	f Other, Specify: T need this waiver.)
Total Projected Cost of Trip	o (Include Transportation, Mileage, Lodging, Meal	s, Registration, P	arking, etc): \$ 500.00
Does this Trip Require Exe	cutive Council Approval for Conference/Conventi	on? No: 🛛	Yes:
If Yes, Have You Received	Approval? No: Yes: If Yes, Date:		
Reason for Travel Waiver (Select one) uired duties. (Cite the specific statute.) lowa Co	de § 47.1 (1)	
Has potential to bring	cost savings or enhanced revenues to the state. vive the cost savings or enhanced revenues and p nues attributable to the travel.)	(Cite the specific	te
current Executive Co	ntial benefit which significantly outweighs the pot uncil Fact Sheet for qualifying criteria and provide onrefundable ticket is the justification, date of pur	chase is required	L)
§ 47.1(1) - The state commis	ssioner of elections shall prescribe uniform election pr	ractices and proce	dures. We are sending the Secretary, the Elections
Director, IT Web programme	er and IT desktop programmer to analyze the Michiga	n electronic poll bo	ook for use statewide. The cost is for loughly and
meals since the Secretary w	ill be driving everyone in his personal vehicle.		
Department Director Signa	ature: Not Kikary	Date: 5/18/20	11
Department Director Print	ed Name: Watt Schultz		
This form must b	ne signed by a department head or agency directo	r. Email a PDF o	f the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

MAY 2 3 2011

Out-of State Travel Waiver Request

000 364

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Trouble arrest are 4.5.	
umber of People on Trip: 4 (including Secretary Schultz)	Contact E-mail: Ann.clary@sos.state.ia.us
ame of Person Attending: Sarah Reisetter	Working Title: Director of Elections
epartment: Secretary of State	Division/Bureau/Section: Elections
/ill this trip require an overnight stay outside of Iowa? No: (If No – you DO NOT need this waiver.) ity (Cities) Traveling To: Lansing, MI	Reason for Travel: Researching electronic poll book options Dates of Travel: June 2 – 4, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)
unding Source: Appropriated State: 100% Federal: ——% (If the coding for the travel claim is appropriation	Other:% If Other, Specify:
otal Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	
oes this Trip Require Executive Council Approval for Conference/Conven	tion? No: 🛛 Yes: 🗌
Yes, Have You Received Approval? No: Yes: Hf Yes, Date	
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel.)	e. (Cite the specific
Has a benefit or potential benefit which significantly outweighs the pocurrent Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pure	de that information on urchase is required.)
47.1(1) - The state commissioner of elections shall prescribe uniform election prector, IT Web programmer and IT desktop programmer to analyze the Michig	practices and procedures. We are sending the Secretary, the Electronis an electronic poll book for use statewide. The cost is for lodging and
prector, IT web programmer and IT desktop programmer to analyze the training neals since the Secretary will be driving everyone in his personal vehicle.	an order per second
Department Director Signature:	Date: 5/18/2011
Department Director Printed Name: Math Schultz	
This form must be signed by a department head or agency direct	or. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing thi See Fact Sheet for more complete information.	is form.

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